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Full name and co	FORM D-2	REPORT OF CAMPAIGN CC CHECK APPROPRIATE BOXES- Quarterly Report: (Check one:) Final Report (Fund balas) Amendment of the Re		FOR OFFICE USE ONLY STATE COMMITTEE ID #
Fri	ends of Kimberly			Committee ID: 37273
E-mail address:	CHECK FOR E-MAIL ADDRESS CHANGE			
REPORTING PE	\$	VAILABLE AT BEGINNING DRTING PERIOD: C Is amount in SECTION D, Line (A)	ALL POLITICAL COMMITTE STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR SPRINGFIELD, IL 62704-4503	ES RETURN TO: STATE BOARD OF ELECTIONS 69 W WASHINGTON ST, STE LL-08 CHICAGO, IL 60602-3026
	SECTION A -	RECEIPTS	SECTION B — EX	PENDITURES
b. Not-Itemi 2. Transfers In	(from Schedule A) zed: (from Schedule A) zed: ed from Schedule A): zed s from Schedule A):	\$	6. Transfers.Out a. Itemized (from Schedule B): b. Not-Itemized: 7. Loans Made a. Itemized (from Schedule B): b. Not-Itemized: 8. Expenditures a. Itemized (from Schedule B): b. Not-Itemized 9. Independent Expenditures a. Itemized (from Schedule B-9): b. Not-Itemized TOTAL EXPENDITURES (6a thru 9)	\$(9b)
5. In-Kind Contr a. Itemized (f b. Not-Itemize TOTAL IN-KINE	rom Schedule I): ed	\$	SECTION C — DEBTS AN (Include previously reported to a litemized (from Schedule C): b. Not-Itemized TOTAL DEBTS & OBLIGATIONS SECTION D — CASI	\$(10a) \$(10b) \$
	KIC St ARCHE		Cash available at beginning of reporting period: Total Receipts from Section A (TR): Total cash (A) plus (B): Total Expenditures from Section B (TE): Funds available at close of	\$ (A) \$ (B) \$ (C)
			reporting period (C minus D): Investments total (if applicable):	\$(E)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

THIS FORM MAY BE REPRODUCED

PAGE 1 OF 2

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DATE C/PY/K

REVISED 08/2021